

SAUSHEC Academic Action Template

Demographics

Resident:	Date:
Program:	Action Proposed:
Program Year level	GMEC date:

Due Process Procedures

	Yes	No
Training Committee involved		
Resident input documented		
Resident desires input to GMEC		
Prior Remediation Appropriate & Documented	Dates	
Counseling		
Program Level Remediation		
Prior Probation		
Prior Extension		

Competency(s) not being achieved to third level of specificity (see appendix 1)

Competency based G&O or standard not being achieved	Brief description with examples	Evaluation Tools used
Medical Knowledge		
Patient Care		
Interpersonal & Communication Skills		
Professionalism		
Practice Based Learning & Improvement		
Systems Based Practice		

Assessment of relevant program issues (see appendix 2)

Assessment of resident's current GME capabilities (see appendix 2)

Assessment of factors impacting resident's GME capabilities (see appendix 2)

Remediation Plan

Timeline

Length of Remediation:
GMEC progress report(s) on:
Final Report at: XXX GMEC Meeting

Remediation plan summary for each competency not being met

Competency	Remediation Plan	Evaluation Tool & Endpoints
Medical Knowledge		
Patient Care		
Interpersonal & Communication Skills		
Professionalism		
Practice Based Learning & Improvement		
Systems Based Practice		

Plan for other remediation plan issues

Resident Mentor Assigned	
Mental Health support	
Plan for other factors limiting GME capabilities	

Program Director signature and date:

Resident Verification

I have reviewed and discussed the contents of this form with my program director and understand that further academic action such as probation, extension and termination could be recommended to the GMEC by my program director if I am unable to meet program GME standards. I know where to get a copy of the SAUSHEC Due Process Policy from the SAUSHEC Web site (www.whmc.af.mil/saushec). I know how to contact a SAUSHEC OMBUDs at the CHCS group email address g.ombuds

Resident Comments:

Resident signature and date:

SAUSHEC Academic Action Template Appendix 1

MEDICAL KNOWLEDGE: Residents must demonstrate knowledge about established & evolving biomedical, clinical, and cognate (e.g. epidemiological & social-behavioral) sciences & application of this knowledge to patient care. Residents are expected to:

1. know & apply basic & clinically supportive sciences which are appropriate to their discipline
2. demonstrate an investigatory & analytic thinking approach to clinical situations

PATIENT CARE: Residents must provide patient care that is compassionate, appropriate & effective for treatment of health problems & promotion of health. Residents are expected to:

1. communicate effectively & demonstrate caring & respectful behaviors when interacting with patients and their families
2. gather essential & accurate information about their patients
3. make informed decisions about diagnostic & therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, & clinical judgment
4. develop & carry out patient management plans counsel & educate patients & their families
5. use information technology to support patient care decisions & patient education
6. perform competently all medical & invasive procedures considered essential for area of practice
7. provide health care services aimed at preventing health problems or maintaining health
8. work with health care professionals , including those from other disciplines, to provide patient-focused care

INTERPERSONAL & COMMUNICATION SKILLS: Residents must demonstrate interpersonal & communication skills that result in effective information exchange & teaming with patients, patients families, & professional associates. Residents are expected to:

1. create & sustain a therapeutic & ethically sound relationship with patients
2. use effective listening skills & elicit & provide information using effective nonverbal, explanatory, questioning & writing skills
3. work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM: Residents must demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles, & sensitivity to a diverse patient population. Residents are expected to:

1. demonstrate respect, compassion, & integrity; a responsiveness to needs of patients & society that supercedes self-interest; accountability to patients, society, & the profession; & a commitment to excellence & on-going professional development
2. demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
3. demonstrate sensitivity & responsiveness to patients' culture, age, gender, & disabilities

SAUSHEC Academic Action Template Appendix 1

PRACTICE -BASED LEARNING & IMPROVEMENT: Residents must be able to investigate & evaluate their patient care practices, appraise & assimilate scientific evidence, & improve their patient care practices. Residents are expected to:

1. analyze practice experience & perform practice-based improvement activities using a systematic methodology
2. locate, appraise, & assimilate evidence from scientific studies related to their patients' health problems
3. apply knowledge of study designs & statistical methods to appraisal of clinical studies & other information on diagnostic & therapeutic effectiveness
4. obtain & use information about their own population of patients & the larger population from which their patients are drawn
5. use information technology to manage information, access on-line medical information, & support their own education
6. facilitate teaching of students & other health care professionals

SYSTEMS BASED PRACTICE: Residents must demonstrate awareness of & responsiveness to larger context & system of Health Care & ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

1. know how types of medical practice & delivery systems differ from one another, including methods of controlling health care costs & allocating resources
2. understand how their patient care & other professional practices affect other health care professionals, the health care organization & the larger society & how these elements of the system affect their own practice
3. practice cost-effective health care & resource allocation that does not compromise quality of care
4. advocate for quality patient care & assist patients in dealing with system complexities
5. know how to partner with health care managers & health care providers to assess, coordinate & improve health care & know how these activities can affect system performance

SAUSHEC Academic Action Template Appendix 2

Program Issues that can affect resident performance

1. Leadership
2. Morale
3. Program Processes
G&Os defined, reasonable & accepted by faculty & residents; Effective evaluation & feedback system; Effective supervision system; Communication/Chain of command systems in program
4. Program work environment
Scheduling system fair; Duty hour standards; Support systems; Harassment issues
5. Faculty
Numbers, specialty mix, availability, GME skills (teaching, feedback etc)
7. Patient material
Too much; Too little; Wrong mix

GME Capability Domains

1. Intellectual capabilities
Acquisition of Medical knowledge &/or Application of Medical knowledge
2. Psychomotor skill capabilities
3. Organizational skills capabilities
4. Social skills capabilities
5. Coping/Adapting skills capabilities
6. Work effort capabilities
7. Teaching skills capabilities

Extrinsic factors that can affect residents GME capabilities

1. Prior preparation for residency/fellowship in medical school &/or previous GME
2. Personal life issues
Social; Support system; Financial
3. Fit between resident & program
4. Cultural conflicts
5. Drugs, Alcohol & other temptations

Intrinsic factors that can affect residents GME capabilities

1. Medical conditions affecting the resident
2. Mental Health conditions affecting the Resident
Learning disorder; Depression; Stress/burnout; Personality disorders; Poor insight; Immaturity/delayed adolescence; Performance anxiety
3. Attitude of the resident
Doubts about choice of profession; Work ethic; Professional ethics; Hippocratic oath (patient above self); Commitment to lifelong learning & self improvement; Intellectual honesty with patients, colleagues & self; Other professional ethical standards